



Player Registration: All Forms Must be Filled out and Turned into AHPD Staff at tryouts

- Please print and fill out the following forms and bring them to the first day of your child's tryout.

Forms needed

(Boys)

1. Player information form
2. YSSL Player registration
3. IYSA Medical release
4. Copy of birth certificate
5. Copy of insurance card front and back
6. Current head shot picture of player, *cannot be wearing sunglasses, sport glasses or hat.*

(Girls)

1. Player information form
2. IWSL Player registration
3. IYSA Medical release
4. Copy of birth certificate
5. Copy of insurance card front and back
6. Current head shot picture of player, *cannot be wearing sunglasses, sport glasses or hat.*

If you currently have a uniform from past seasons please provide us with your UNIFORM NUMBER. We cannot guarantee you will be able to keep your same number.



ARLINGTON ACES

Travel Team Application 2016/2017 Season

Tryout # _____

Player Information

Last _____ First _____ Birthdate _____

Street _____ City _____ Zip _____

Parent name _____ Cell phone (_____) _____

Home phone (_____) _____ Work phone (_____) _____

Email _____

If this player is **new** to Aces travel program and was referred by a current Aces player, please list the name of the referring player: _____

Please circle the player's **Birth Year**

2010 U7	2009 U8	2008 U9	2007 U10	2006 U11	2005 U12	2004 U13
2003 U14	2002 U15 8 th grd	2002 U15 HS	2001 U15 HS	2000 U16	1999 U17	1998 U18

Are you currently playing on a Travel Team? _____ No _____ Yes, Club name _____

After tryouts, team rosters listing players by tryout number will be posted on the Arlington Heights Park District website. The number of players trying out per age group will determine the number of teams formed.

Please complete the waiver on the following page

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program against the Arlington Heights Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Date _____ Signature of Parent/Guardian _____

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.

ARLINGTON HEIGHTS PARK DISTRICT EMERGENCY CONTACT FORM

CHILD'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____

PARENT'S NAME _____ PARENT'S NAME _____

HOME PHONE _____ HOME PHONE _____

CELL PHONE _____ CELL PHONE _____

EMERGENCY CARE: Please give the names of two adults, other than parents, who may be contacted in the event of an emergency:

NAME _____ PHONE _____

NAME _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

List specific medical allergies, chronic illnesses, daily medications or other conditions _____

Illinois Women's Soccer League

PO Box 68849, Schaumburg, IL 60168

847-985-4975 www.iwsl.com

PLAYER REGISTRATION FORM

For The Playing Year 2016-2017

CLUB NAME: _____

TEAM NAME: _____ TEAM AGE: _____

PLAYER'S FIRST NAME _____ LAST NAME: _____

PLAYER'S ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PLAYER'S PHONE _____ EMAIL ADDRESS _____

PLAYER'S BIRTHDATE _____

FATHER'S NAME _____ PHONE _____

MOTHER'S NAME _____ PHONE _____

PROOF OF AGE:

PREVIOUS SEASON IWSL PASS ID # _____
Or

PROOF OF AGE PROVIDED: GOVERNMENT ISSUED BIRTH CERT or PASSPORT
(Circle one)

By signing this document I have indicated that I (or my child) has not registered with any other IYSA registered team for the above indicated playing year and is committed to play for only this team. I am aware that IWSL league rules only permit transfers if desired to other clubs during or after the month of January with an applicable release obtained by January 31st and submitted per league rules.

PLAYER'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____

CLUB/COACH SIGNATURE _____ DATE _____

(This form is to be kept on file by the club for the entire playing year indicated)



Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Mother's Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Cell Phone (_____) _____ Bus Phone (_____) _____

Medical/Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 7/14/06)

Parents/Guardians Signature _____ Date _____
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____
(Participant's Signature is required)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.